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FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12904 (3)

1. Corporation Name
JET ENGINEERING, INC.

Principal Place of Business	Mailing Address
1621 DOG TRACK RD PENSACOLA FL 32506	1621 DOG TRACK RD PENSACOLA FL 32506-8287 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 08/29/1989
3a. Date of Last Report: 01/29/1996
4. FEI Number: 59-2963133 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WALLS, ROBERT C.
6049 SPANISH OAK DR.
PENSACOLA FL 32526

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	WALLS, ROBERT C.	
STREET ADDRESS	6049 SPANISH OAK DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DS	☐ DELETE
NAME	FREEMAN, SHEILA W.	
STREET ADDRESS	~~6618 LAKE CHARLENE DR.~~	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	T	☐ DELETE
NAME	FREEMAN, JACKIE D	
STREET ADDRESS	~~6618 LAKE CHARLENE DR~~	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DS	☑ Change ☐ Addition
2.2 NAME	FREEMAN, Sheila W.	
2.3 STREET ADDRESS	3445 MARCUS Pointe Blvd.	
2.4 CITY-ST-ZIP	Pensacola, FL 32505	
3.1 TITLE	T	☑ Change ☐ Addition
3.2 NAME	FREEMAN, JACKIE D.	
3.3 STREET ADDRESS	3445 MARCUS Pointe Blvd.	
3.4 CITY-ST-ZIP	Pensacola, FL 32505	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sheila W. Freeman 5-1-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #